FORM D

UNITED STATES I SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
JNIFORM LIMITED OFFERING EXEMPTION

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Estimated average burden hours per form16.00

SEC USE ONLY

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Name of Offering \(\sum (\propto \text{check if this is an ame)} \)	ndment and name	has changed, and ir	idicate change.)		
Offering of limited liability company interests	of Atlantic Vista,	LLC			
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505	☑ Rule 506	Section 4(6)	☐ ULOE
Type of Filing: New Filing	☐ Amendment				
	A. BASI	C IDENTIFICAT	ION DATA		
1. Enter the information requested about the is:	suer				-
Name of Issuer	dment and name	nas changed, and in	dicate change.		
Atlantic Vista, LLC					
Address of Executive Offices		(Number and Stree	t, City, State, Zip Co	de) Telephone Nu	mber (Including Area Code)
c/o Global Hedge Strategies, LLC, 153 East 53	rd St., 3 rd Floor, Ne	ew York, NY 10022			
Address of Principal Offices		(Number and Stre	PROCESSE	de) Telephone Nu	imber (Including Area Code)
(if different from Executive Offices)			ากบบยองเ	וט	
Brief Description of Business: Private Investmen	nt Company		OCT 2 5 2006	F	
Type of Business Organization			THOMSON		
□ corporation	☐ limited (partnership, already		other (please sp	ecify)
☐ business trust	_	partnership, to be for		Limited Liability Co	mpany
Actual or Estimated Date of Incorporation or Orga Jurisdiction of Incorporation or Organization: (Ent		Month 1 1 Postal Service Abbre	Year o viation for State;	5 🛭 🖾 Act	ual Estimated
	С	N for Canada; FN fo	r other foreign jurisdi	ction) D	<u>E</u>

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

			•							
		A. BASIC I	DENTIFICATION DAT	A						
Each promoter of the Each beneficial ow Each executive off	 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 									
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	Manager					
Full Name (Last name first,	if individual): Glo	bal Hedge Strategies, LL	C							
Business or Residence Add	dress (Number and	d Street, City, State, Zip Co	de): 153 East 53 rd St., 3 rd F	loor, New York, N	NY 10022					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first,	if individual): Kes	ssler, Brian								
Business or Residence Add	lress (Number and	d Street, City, State, Zip Co	de): c/o Global Hedge Stra	tegies, LLC, 153	East 53 rd St., 3 rd Floor, New York, NY					
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first,	if individual): Citi	group North America, Inc	•							
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de): c/o Global Hedge Stra	tegies, LLC, 153	East 53 rd St., 3 rd Floor, New York, NY					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first,	if individual):									
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de):	 -						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first,	if individual):				-					
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de):		<u>-</u>					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner					
Full Name (Last name first,	if individual):									
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de):							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner					
Full Name (Last name first, i	if individual):		· · · · · · · · · · · · · · · · · · ·							
Business or Residence Add	ress (Number and	Street, City, State, Zip Cod	de):							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, i	f individual):									
Business or Residence Addr	ress (Number and	Street, City, State, Zip Cod	le):							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					В.	INFOR	MATION	ABOU"	r offei	RING			
1. 1	las the issu	er sold, or	does the i	ssuer inter	nd to sell, t Answer	o non-acc also in Ap	redited inv	estors in t	his offering filing unde	j? er ULOE.	•••••	☐ Yes	s ⊠ No
2. \	What is the	minimum i	nvestment	that will be		•	-		-			\$5	500,000*
					-	,							discretion of the Manager.
	S												
	oes the off				_							⊠ Ye	s □ No
6 0 8	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full N	ame (Last n	ame first,	if individua	1)									
Busin	ess or Resid	dence Add	ress (Num	ber and St	reet, City,	State, Zip	Code)	153 Eas	t 53rd St.	, New Yor	k, NY 100	22	
Name	of Associat	ed Broker	or Dealer	Citic	orp Invest	ment Sen	vices						
States (in Which P Check "All S	erson Liste States" or c	ed Has Sol	icited or Ir	ntends to S	olicit Purc	hasers	***********					
□ [Al		[AZ]			☐ [CO]						[HI]	[ID]	
		□ [IA]	□ [KS]	□ [KY]	□ [LA]	☐ [ME]	☐ [MD]	☐ [MA]	[IM]	[MN]	☐ [MS]	☐ [MO]	
□ [M	[NE]	□ [NV]	□ [NH]	□ [NJ]	□ [NM]	☐ [NY]	□ [NC]	□ [ND]	□ [OH]	□ [OK]	□ [OR]	□ [PA]	
□ [RI	☐ [SC]	[SD]	☐ [TN]	□ [TX]	[TU]	[VT]	□ [VA]	□ [WA]	[M∧]	[WI]	□ [WY]	☐ (PR)	
Full Na	ime (Last n	ame first, i	f individual)			,						
Busine York,	ss or Resid	ence Addr	ess (Numb	er and St	reet, City,	State, Zip	Code)	c/o Smit	h Barney	Alternativ	ve Investn	nents, 388 (Greenwich Street, New
Name	of Associate	ed Broker	or Dealer	Citigr	oup Glob	al Markets	s Inc.				•		
States (0	in Which Po	erson Liste tates" or c	ed Has Soli heck indivi	cited or In	tends to S	olicit Purci	hasers						☑ All States
☐ (AL		☐ [AZ]	☐ [AR]		☐ [CO]					☐ [GA]	□ [HI]	□ [ID]	
	[NI]	□ [IA]	□ [KS]	□ [KY]	□ [LA]	[ME]	☐ [MD]	□ [MA]	[MI]	□ [MN]	☐ [MS]	[MO]	
□ [M]] [NE]	□ [NV]	□ [NH]	□ [NJ]	□ [NM]	□ [NY]		□ [ND]	[OH]	□ (OK)	☐ [OR]	□ [PA]	
(RI)			[NT]	[XT] □	[TU]	☐ (VT)	□ [VA]	□ [WA]	□ [WV]	[WI]		□ [PR]	
Full Na	me (Last na	ame first, if	individual)									
Busine	ss or Resid	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip (Code)				,		
Name	of Associate	d Broker o	r Dealer										
	n Which Pe heck "All St									1	 		☐ All States
□ [AL]					☐ [CO]					☐ [GA]	[HI]	[ID]	
	[IN]	☐ [IA]	☐ [KS]	☐ [KY]	□ [LA]	☐ [ME]	[MD]	[MA]	[MI]	[MN]	☐ [MS]	[MO]	
ТМ] 🔲	[NE]	[NV]	□ [NH]		□ [NM]	□ (NY)	□ [NC]	□ [ND]			□ [OR]	□ [PA]	
□ [RI]	C (SC)	[SD]		□ [XT]	[UT]		□ [VA]	□ [WA]	[WV]	□ [WI]	□ [WY]	C [PR]	
			-	(Use blai	nk sheet, c	r copy and	d use addit	tional copi	es of this s	heet, as n	ecessary)		

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES A	ND U	ISE OF PROCE	EDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \sum and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$		\$	
	Equity				
	☐ Common ☐ Preferred		<u> </u>		
	Convertible Securities (including warrants)	s		\$	
	Partnership Interests			- -	
	Other (Specify)Limited Liability Company Interests)			- <u>-</u> s	25,000,000
	Total				
	Answer also in Appendix, Column 3, if filing under ULOE	<u>\$</u>	500,000,000		25,000,000
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		1	\$	25,000,000
	Non-accredited Investors			<u>\$_</u>	
	Total (for filings under Rule 504 only)			\$	
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
	Type of Offering		Types of Security		Dollar Amount Sold
	Rule 505		•	\$	
	Regulation A			s	
	Rule 504			\$	
	Total			\$ \$	
•	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			· <u>· · · · · · · · · · · · · · · · · · </u>	
	Transfer Agent's Fees	•••••	🗆	\$	
	Printing and Engraving Costs		🛮	\$	
	Legal Fees	·	🛛	\$	29,073
	Accounting Fees		🗆	\$	
	Engineering Fees		🗆	\$	
	Sales Commissions (specify finders' fees separately)		🗆	\$	
	Other Expenses (identify)			s	
	Total		_	s	29,073
			_		

•	C. OFFERING PRICE, NUMBI	ER OF INVESTORS, EXPE	ENSES A	ND USI	OF PROC	EEDS	3		
4	b. Enter the difference between the aggregate offering price given in response to Part C— Question 1 and total expenses furnished in response to Part C—Question 4.a. This difference is the "adjusted gross proceeds to the issuer."						\$ 499,970,927		
5	Indicate below the amount of the adjusted gross proceed used for each of the purposes shown. If the amount for estimate and check the box to the left of the estimate. The adjusted gross proceeds to the issuer set forth in res	any purpose is not known, furnish he total of the payments listed mu	an Ist equal	Ć Dir	rments to Officers, rectors & Miliates		Payments to Others		
	Salaries and fees			\$	<u>.</u>		<u>s</u>		
	Purchase of real estate			\$			\$		
	Purchase, rental or leasing and installation of ma			\$	<u></u>		\$		
	Construction or leasing of plant buildings and fac			\$			<u>\$</u>		
	Acquisition of other businesses (including the val offering that may be used in exchange for the ass pursuant to a merger	sets or securities of another issue	' 🗆	\$			<u>s</u>		
	Repayment of indebtedness			\$			\$		
	Working capital			\$		\boxtimes	s 499,970,927		
	Other (specify):			<u>s</u>			<u>\$</u>		
				\$			\$		
	Column Totals			\$			\$499,970,927		
	Total payments Listed (column totals added)				<u>\$ 4</u>	99,9	70,926		
.,:		D. FEDERAL SIGNATU	RE	٠, ١, ١,		٠ . ٠			
CO	is issuer has duly caused this notice to be signed by the unstitutes an undertaking by the issuer to furnish to the U.S the issuer to any non-accredited investor pursuant to para	undersigned duly authorized personance. Securities and Exchange Comm	on. If this n	otice is file	ed under Rule	505, the	e following signature e information furnished		
	uer (Print or Type)	Signature	/		Da		er 13, 2006		
	rne of Signer (Print or Type)	Title of Signer (Print or Type)	-						
Br	ian Kessler	Chief Financial Officer/Chief Manager	Operating	Officer of	Global Hedg	e Strate	egies, LLC, its		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E., STATE SIGNATURE						
1.	Is any party described in 17 CFR 230.262 present provisions of such rule?	tly subject to any of the disqualification	Yes No					
	See App	endix, Column 5, for state response.						
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.							
3.	The undersigned issuer hereby undertakes to furn	ish to the state administrators, upon written request, information	furnished by the issuer to offerees.					
4.		is familiar with the conditions that must be satisfied to be entitled e is filed and understands that the issuer claiming the availability of tisfied.						
	er has read this notification and knows the contents ed person.	s to be true and has duly caused this notice to be signed on its be	half by the undersigned duly					
Issuer (f	Print or Type)	Signature	Date					
Atlantic	Vista, LLC	Drian Rund	October 13, 2006					
Name of	Signer (Print or Type)	Title of Signer (Print or Type)						
Brian K	essler	Chief Financial Officer/Chief Operating Officer of Global Hedge Strategies, LLC, its						

instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				. AP	PENDIX					
1		2	3		4					
	to non-a	to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of in amount purc (Part C	nvestor and chased in State Item 2)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)		
State	Yes	No	Limited Liability Company Interests	Number of Accredited Investors	Accredited Non-Accredited					
AL	-									
AK										
AZ										
AR								1	ļ	
CA										
СО										
СТ				_						
DE										
DC										
FL										
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MT										
NE										
NV										
NH										
NJ								-		
NM										

				AP	PENDIX					
1		2	3			4		5		
	to non-a investors	I to sell ccredited s in State – Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and Amount purchased in State (Part C – Item 2)					
State	Yes	No	Limited Liability Company Interests	Number of Accredited Investors	Number of Number of Accredited Non-Accredited					
NY		х	500,000,000	1	\$25,000,000	0	0		х	
NC										
ND										
ОН										
ОК				· · · · · · · · · · · · · · · · · · ·						
OR										
PA										
RI										
sc										
SD										
TN										
TX										
UT										
VT									!	
VA										
WA										
wv										
WI										
WY										
PR										